

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20397

State File No. _____

MAILED JUL 13 1945

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community year
years, months or days

3. (a) PRINT FULL NAME ARTHUR ERMAN MARKHAM

3. (b) If veteran, name war no 3. (c) Social Security No. 495-05-8756

4. Sex M 5. Color or race W 6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Myrl Kay Markham 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased March 11 1908
(Month) (Day) (Year)

8. AGE: Years 37 Months 3 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Machine

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur James Markham
13. Birthplace Miller County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Myrtle Lockwood
15. Birthplace Boone County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrl Markham
(b) Address California Mo.

17. (a) Buried (b) Date thereof June 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mazouri Cem.

18. (a) Signature of funeral director William F. Friedmeyer

(b) Address California Mo.

19. (a) 6-20-45 (b) H. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1945 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 1945 to June 20 1945
that I last saw him alive on June 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to Essential hypertension 1 year

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations gms

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Kenneth Latham (M. D. or other) _____

Address California, Mo. Date signed 6-20-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 30 1947

JUL 3 1948

JUL 15 1948

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-12-45

MAY 17 1948

JAN 12 1948

JUL 17 1945

JUL 15 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

High E Williams

Licensed Embalmer No. 3537

P. O. Address California Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.